

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09779413

FILING DATE

02-08-01

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 4 | | ① | | | | |
| 5 | | ① | | | | |
| 6 | | ① | | | | |
| 7 | | ① | | | | |
| 8 | | ① | | | | |
| 9 | | ① | | | | |
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| TOTAL DEP. | 16 | | | | | |
| TOTAL CLAIMS | 17 | | | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |